Diphtheria

Last Revised: 09/21/2001

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Last Revised: 10/2001

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Diphtheria is a potentially serious bacterial infection of the nose and throat.

Who gets this disease?

Diphtheria occurs primarily among unimmunized or inadequately immunized people.

How is it spread?

The bacteria are spread by direct contact with discharge from the nose, throat, skin, and eyes or from sores of infected persons. Articles or food contaminated with discharge can also spread infection.

What are the symptoms?

Diphtheria causes sore throat, swollen tonsils with a grayish covering and swollen glands in the neck. It can lead to severe throat swelling that can block breathing. The bacteria also produce a toxin (a type of poisonous substance) that can cause severe and permanent damage to the nervous system and heart. Diphtheria is treated primarily with an antitoxin, along with antibiotics. Antibiotics are also given to the carriers of the diphtheria bacteria (i.e., people who test positive for diphtheria but who are not sick).

How can the spread of this disease be prevented?

The national Immunization Practices Advisory Committee (ACIP) recommends immunizing children against diphtheria-along with pertussis and tetanus- beginning as early as six weeks of age. Children should receive five doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine. The first three doses are given on or near two-, four-and six months of age. The fourth dose should be given between 15-18 months of age and the fifth dose at age 4-6 years. Booster doses of diphtheria (Td) vaccine every 10 years after finishing the childhood primary immunization series are needed to maintain protection.

Patients and carriers of the diphtheria bacteria should receive appropriate treatment and not return to child care until *two* (2) cultures *from* both the nose and throats (and skin sores in cutaneous diphtheria) are negative for the bacteria. These cultures should be taken at least 24 hours apart and no sooner than 24 hours after finishing antibiotic treatment. Where culture is impractical, isolation may be ended after 14 days of appropriate antibiotic treatment.

Who should be excluded?

Children and staff should be excluded until bacteriological examination proves them not to be carriers.

Reportable?

Yes, Diphtheria is reportable by New Hampshire law.